

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (5-99)

Witness

1. CIR./DIST./DIV. CODE CANSJ		2. PERSON REPRESENTED WATKINS, SOPHIA		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER CR-08-00156-JW		5. APPEALS DKT./DEF. NUMBER	
7. IN CASE/MATTER OF (Case Name) U.S. V. RODRIGUEZ		8. PAYMENT CATEGORY <input type="checkbox"/> Felony <input checked="" type="checkbox"/> Other... <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Appeal <input type="checkbox"/> Entry Offense		9. TYPE PERSON REPRESENTED <input type="checkbox"/> Adult Defendant <input checked="" type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Audit	
				10. REPRESENTATION TYPE (See Instructions) WI	
11. OFFENSE(S) CHARGED (Cite U. S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense Witness					
12. ATTORNEY'S NAME (First Name, M. L., Last Name, including any suffix), AND MAILING ADDRESS JASON DE BRETTEVILLE 1870 EMBARCADERO ROAD Palo Alto, CA 94303-3308 Telephone Number 650-461-5600			13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Sub for Retained Atty. <input type="checkbox"/> P Subs for Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interest of justice so requires, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR Other (See Instructions) _____ Judge: <u>James Ware</u> Signature of Presiding Judicial Officer or By-Order Of The Court: <u>August 4, 2008</u> Date Of Order: <u>7/28/2008</u> Nunc Pro Tunc Date: _____ Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO		
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions) SULLIVAN & CROMWELL LLP 1870 EMBARCADERO ROAD Palo Alto, CA 94303-3308					

FILED
AUG 11 2008
RICHARD W. WIEKMAN
CLERK U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

CATEGORIES (attached itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
In Court	a. Arraignment And/or Plea					
	b. Bail And Detention Hearings					
	c. Motion Hearings					
	d. Trial					
	e. Sentencing Hearings					
	f. Revocation Hearings					
	g. Appeals Court					
Out Of Court	h. Other (Specify On Additional Sheets)					
	(RATE PER HOUR =) TOTALS:					
	a. Interview and conferences					
	b. Obtaining and reviewing records					
	c. Legal research and brief writing					
	d. Travel time					
	e. Investigative and other work (Specify on additional sheets)					
(RATE PER HOUR =) TOTALS:						
17. Travel Expenses (Lodging, parking, meals, mileage, etc.)						
18. Other Expenses (other than expert, transcripts, etc.)						
GRAND TOTALS (CLAIMED AND ADJUSTED)						
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: _____ TO: _____			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION	
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements.						
Signature Of Attorney _____ Date _____						
23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOT. AMT. APPR./CERT.		
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	29A. JUDGE/MAG CODE		
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED		
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE	34A. JUDGE CODE		